

P1400005386S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

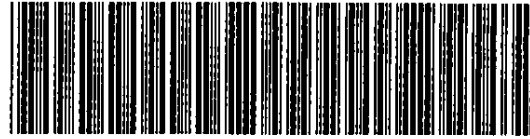
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SECRET
DIVISION OF CORPORATE
12 JUN 19 PM 3:12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2014

DEON R. JOHNSON
54015 S. KIRKMAN ROAD SUITE 310
ORLANDO, FL 32819

SUBJECT: AKYLAH OOH LU LA MOBILE SPA BOUTIQUE CORP
Ref. Number: W14000035105

RECEIVED
14 JUN 19 AM 9:38
TALLAHASSEE, FLORIDA

We have received your document for AKYLAH OOH LU LA MOBILE SPA BOUTIQUE CORP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only one person can be registered agent and only one signature required.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 914A00012183

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Akylah' Och'La-La mobile spa Boutique
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Corp.

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Deon R Johnson

Name (Printed or typed)

5401 S. Kirk Road Suite 310

Address

Orlando, FL 32819

City, State & Zip

407-492-0513

Daytime Telephone number

DRJO971@yahoo.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: 'Akylah' poh'la-ha mobile spa Boutique

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5401 S. Kirk Road
Suite 310
Orlando, FL 32819

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Spa Parties

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Deon R Johnson

Name and Title: _____

Address

5401 S. Kirk Road
Suite 310
Orlando, FL 32819
Owner

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

18 JUN 19 PM 3:13
DIVISION OF REVENUE
STATE OF FLORIDA

(conti.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Dean R Johnson
Address: 5401 S. Kirk Road Suite 310
Orlando, FL 32819

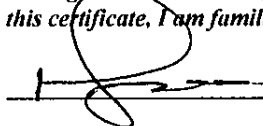
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dean R Johnson
Address: 5401 S. Kirk Road Suite 310
Orlando, FL 32819


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DIVISION OF CORPORATE
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

5-17-2014
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

5-17-2014
Date